06862

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Central Garage

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 47 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Hammond street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Emory Adkins

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nora Elma Adkins

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) April 7. 1893

8. AGE: Years 47 Months 2 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace R.D. Salisbury Md. (Town, county, and state)

10. Usual occupation Prop. Central Garage

11. Industry or business Salisbury Md.

FATHER 12. Name N. James Adkins

13. Birthplace Wico. County Md.

MOTHER 14. Maiden name Emma Layfield

15. Birthplace Parsonsburg Md.

16. Informant Mrs. N. Elma Adkins

Address Hammond st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2-40 (month) (day) (year)

Cemetery or crematory Parsonsburg Md. Cem.

Location Parsonsburg Md.

18. Funeral director Holloway & Co. Walter R. Holloway Jr.

Address Salisbury Md.

19. 7/2, 1940 (Date rec'd by registrar) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30-1940 19___, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw him alive on ___ 19___.

Medical Examiner's Certificate

Immediate cause of death	DURATION
Coronary occlusion	sudden death
Due to Coronary sclerosis	1 yr.
Due to Arteriosclerosis general	1 yr.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Radenacker M.D. Deputy Medical Examiner Wicomico County M. D. or other

Address Salisbury Md Date signed 7-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (63-a)

CERTIFICATE OF DEATH

06863

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 219 Lake St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 219 Lake St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Josiah Washington Adkins
3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie Mae Adkins
6(c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): May 5, 1870
8. AGE: Years: 70 Months: 1 Days: 9 If less than one day: hrs. min.
9. Birthplace: Hebbville, Md. (Town, county, and state)
10. Usual occupation: Mail Carrier
11. Industry or business: Mail Carrier (Rural)
FATHER
12. Name: Josiah Adkins
13. Birthplace: Md.
MOTHER
14. Maiden name: Liza Ann Lewis
15. Birthplace: Md.
16. Informant: Mrs. Annie M. Adkins
Address: 219 Lake St. Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16, 1940 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: M. Parker Watson
Address: Salisbury, Md.
19. 6/15, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1940, at 11 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to June 14 1940, and that I last saw h[illegible] alive on June 13, 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	
Due to: Cerebral arteriosclerosis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Chas. A. Tinsley M. D. or other
Address: Salisbury, Md. Date signed 6-15-40

RECEIVED
JUL 8 1940
BUREAU V. S.

06864

STATE OF MARYLAND—CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury (WITHIN CORPORATE LIMITS OF) No. P. G. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Arintha Allen If U. S. Veteran, specify WAR

(a) Residence: No. 213 Delaware St. Salisbury Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of John Allen

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Housewife

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc.

10. Date deceasad last worked at this occupation (month and year) 10/'39

11. Total time (yaars) spent in this occupation life

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME Harrison Dennis

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Ferrie Dennis

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mrs. Esther Smith (Address) 213 Delaware St. Salis. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Burial Salisbury Cem Date June 7, 19 40

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron, Md.

20. FILED 6/7, 19 40 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 3, (Month) (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1940, to 6/3, 1940

I last saw h-er alive on 6/3, 1940; daath is said to hava occurred on the date stated above, at 11 P. m.

Tha **PRINCIPAL CAUSE OF DEATH** and relatad causes of Importance were as follows:

	Date of onset
Apoplexy.	5/22/40.
Hypertension	

Othar **Contributory Causes** of importance:

Nama of operation None. Date of

What test confirmad diagnosis? Commotion Was thera an au'opsy? no

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of dacaased?

If so, specify

(Signad) Chas. G. Faulker M. D.

(Address) Salisbury Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

JUL 8 1940

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

06865

Reg. Dist. No. 337

1. PLACE OF DEATH:
County Wicomico
City or town Nanticoke Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Nanticoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Georgia May Anderson

3. (b) Social Security Number no

4. Sex Female
5. Color or race a.a.
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Rev Morris Anderson
6(c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) July 19 - 1900
8. AGE: Years 39 Months 11 Days 4 If less than one day ___ hrs. ___ min.
9. Birthplace Allen Md (Town, county, and state)
10. Usual occupation House wife
11. Industry or business no
FATHER 12. Name Alexander King
13. Birthplace Allen Md
MOTHER 14. Maiden name Mary Brewington
15. Birthplace Allen Md
18. Informant Rev Morris Anderson
Address Nanticoke Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24-1940 (month) (day) (year)
Cemetery or crematory Mt Calvery
Location Fruitland Md
18. Funeral director James F Stewart
Address Salisbury Md
19. June 22 1940 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20-40 19___, at ___ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 20 1940 and that I last saw her alive on June 20 1940.
Immediate cause of death acute Nephritis
Due to Hypertension
This death did not involve pregnancy, childbirth, or the puerperal state. C.W.G.R.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D Allen Fields M. D. or other
Address Nanticoke Md Date signed 6-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

Dr. Kitts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

06866

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.H. Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Barclay

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George L. Arey

3. (b) Social Security Number

4. Sex: Male | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Jane Arey

(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Feb. 15 - 1855

8. AGE: Years: 85 | Months: 3 | Days: 22 | If less than one day: hrs. min.

9. Birthplace: Powellsville, Md. (Town, county and state)

10. Usual occupation: retired laborer

11. Industry or business

FATHER — 12. Name: Levi Arey

13. Birthplace: Powellsville Md.

MOTHER — 14. Maiden name: Sallie Glasenor

15. Birthplace: Powellsville Md.

16. Informant: Mrs. Virgil Buttingham

Address: 403 Wailes st. Salisbury

17. (Burial, cremation, or removal. Which?) Burial Date thereof: June 9-40 (month) (day) (year)

Cemetery or crematory: Wic. Mem. Park

Location: Salisbury Md.

18. Funeral director: Holloway & Walter R. Holloway

Address: Salisbury Md.

19. 6/9/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7, 1940 (3a.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 7 1940

and that I last saw him alive on June 6 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 6 days

Due to: Arteriosclerotic cardio-vascular disease — several years.

Due to:

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Dirkus, M.D. (M. D. or other)

Address: Salisbury — Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (136)

06867

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 10 mo 20 days

Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 322 Locust St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Christy Bradshaw

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Ralph Bradshaw

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 28 1896

8. AGE:

Years	Months	Days	If less than one day
43	10	19	hrs. min.

9. Birthplace Crisfield, Somerset Co., Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Byrd
13. Birthplace Crisfield Maryland

MOTHER
14. Maiden name Mary Tyler
15. Birthplace Crisfield Maryland

16. Informant Deceased on admission
Address

17. Burial (Burial, cremation, or removal? Which?) Date thereof June 20/40 (month) (day) (year)

Cemetery or crematory Crisfield Cemetery

Location Crisfield, Md.

18. Funeral director L. S. Lawson & Son

Address Crisfield. Md.

19. 6/19 19 40 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 7.40 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/27/39 19 , to 6/17/40 19 ,

and that I last saw her alive on 6/15/40 19 .

Immediate cause of death Pulmonary Tuberculosis — DURATION 3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Cohen M.D.
M. D. or other

Address Salisbury Md. Date signed 6/21/40

RECEIVED
JUL 8 1940
BUREAU V. S.

06868

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico (93d) Registration Dist. No. 337

Village or City Wetipquin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Brown

(a) Residence: No. Wetipquin St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct 3 1843

7. AGE: Years 96 Months 8 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 75 yrs

12. BIRTHPLACE (city or town) (State or country) Quantico Md

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sallie Hopkins

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Andrew Brown Wetipquin Md

18. BURIAL, CREMATION, OR REMOVAL Place Wetipquin Md Date 6-9, 1940

19. UNDERTAKER (Address) Mrs C. L. Messick & Sons Bivalve Md

20. FILED June 8, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1940, to June 6, 1940

I last saw him alive on May 16, 1940; death is said to have occurred on the date stated above, at 9-15 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Arteriosclerotic Heart disease:	?
Gangrene, dry, left leg	?

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward F. Potter M. D.

(Address) Nanticoke Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUL 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06869

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A75

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury 7

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 111 Second St

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) about 45 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 111 Second St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary T. Brown

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	a a	widowed

6 (b) Name of husband or wife George H. Brown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 74 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Quantico Wicomico Co., Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business none

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Louisa Anderson

15. Birthplace Quantico Maryland

16. Informant Mrs. Bertha Pollitt

Address Fruitland, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-25-'40 (month) (day) (year)

Cemetery or crematory Houston

Location Salisbury Maryland

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md

19. 6/25, 1940 Harriet E. Johnson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1940, at 9P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21, 1940, to June 21, 1940, and that I last saw h-er alive on June 21, 1940.

	DURATION
Immediate cause of death Apoplexy	Few hrs
Due to Hypertension	8 yrs
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. H. Lemby M.D. M. D. or other

Address Salisbury Md Date signed 6/26/40

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JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06870

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury, Md.

(If outside city or town limits, write RURAL NEAR and give town)

~~Street address~~, hospital, or ~~institution~~: Peninsula General Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Del. County: Sussex

City or town: Delmar Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: James Henry Burke

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Anna M. Burke

6.(c) If alive, give age: 81 years

7. Birth date of deceased (mo., day, yr.): Jan 12, 1864

8. AGE:

Years	Months	Days	If less than one day
76	4	20	____ hrs. ____ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER

12. Name: Unknown

13. Birthplace: Unknown

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Anna M. Burke

Address: Delmar, Del.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 6-5-40 (month) (day) (year)

Cemetery or ~~crematory~~: I.O.O.F. Cemetery

Location: Delmar, Del.

18. Funeral director: Charles H. Grant

Address: Salisbury, Maryland

19. 6/5 (Date rec'd by registrar) 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940, at 12:15 P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 2 1940 and that I last saw him alive on June 1 1940.

	DURATION
Immediate cause of death: Lobar Pneumonia	1 wk.
Due to: Pulmonary Edema	24 h.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: D. Allen Dueld M. D. or other

Address: Martinsburg Md. Date signed: 6/2/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 27 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10th)

06871

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 801 Brown
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 52 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: 801 Brown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Salisbury Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Gordon H. Calloway

3. (b) Social Security Number:

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillah Calloway

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Sept. 10. 1887

8. AGE: Years: 52 | Months: 8 | Days: 22 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Salisbury Md. (Town, county, and state)

10. Usual occupation: Contractor

11. Industry or business: Shirt Mfg. Co.

FATHER — 12. Name: Wm. F. Calloway.

FATHER — 13. Birthplace: Salisbury Md.

MOTHER — 14. Maiden name: Elizabeth Wingate

MOTHER — 15. Birthplace: Georgetown Del.

16. Informant: Mrs. Lillah Calloway

Address: 801 Brown st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5. 1940 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md.

18. Funeral director: Holloway & G. Walter R. Holloway

Address: Salisbury Md.

19. 6/14/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940 (4:15 P.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1940 to June 2, 1940., and that I last saw him alive on June 2, 1940.

Immediate cause of death: Cardiac dilatation.

DURATION: 1½ yrs

Due to: Bronchiectasis.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Injured at work?

23. SIGNATURE: John H. Yeaman M. D. or other

Address: 121½ Camden Ave Salisbury. Date signed 6/14/40

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JUL 6 1940
BUREAU V. S.

06872

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Sandy Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Nanticoke River
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 36 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Salisbury Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: E. Railroad av
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joshua T. Chatham

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mildred Chatham
6(c) If alive, give age: 32 years
7. Birth date of deceased (mo., day, yr.): Dec. 3-1903

8. AGE: Years: 36 Months: 6 Days: 9 If less than one day: hrs. min.

9. Birthplace: Salisbury Md. (Town, county, and state)
10. Usual occupation: Prop. Grocery store
11. Industry or business: Naylor st. Salisbury Md
FATHER
12. Name: Henry T. Chatham
13. Birthplace: Worcester Co. Md.
MOTHER
14. Maiden name: Mary C. Beach
15. Birthplace: Delmar Del.
16. Informant: Henry T. Chatham
Address: Naylor st. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 16-40 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 6/16, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12-1940, at 6-pm
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw in ____ alive on ____ 19__.
Medical examiner's certificate
Immediate cause of death: Drowning
Due to: accidental fall from rowboat
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 6-12-40
Where did injury occur? Sandy Hill (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?): Nanticoke river
Means of injury: Fell overboard from rowboat Injured at work? No

23. SIGNATURE: [illegible] M.D.
Deputy Med. Examiner
M. D. or other
Address: Salisbury, Md Date signed: 6-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

06873

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Quantico Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Phillips Farm, Green Hill Rd (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clark

3. (b) Social Security Number

4. Sex: male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Still born

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-40

8. AGE: Years: Still born | Months | Days | If less than one day hrs. min.

9. Birthplace Wicomico Co (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Raymond Clark
13. Birthplace Beaver Dam District Va

MOTHER
14. Maiden name Elizabeth Campbell
15. Birthplace Edville Va

16. Informant Raymond Clark

Address Quantico Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/25/40 (month) (day) (year)

Cemetery or crematory Quantico Cem.

Location Quantico, Md.

18. Funeral director (acting) Raymond Clark

Address Quantico, Md.

19. 6/24 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1940, at 1P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death: Still born baby - cause unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D Allen Field M.D. or other

Address Nantucket Md Date signed 6-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

66874

Reg. Diat. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury md P.H. Hospital.
(If outside city or town limits, write RURAL or NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Pittsville Ward No.
(If outside city or town limits, write RURAL or NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Reese Collins

3. (b) Social Security Number 700-03-6230 (Poss.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1890

8. AGE: Years	Months	Days	If less than one day
49	9	13	hrs. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Railroad

11. Industry or business Breakman

FATHER 12. Name William S. Collins

13. Birthplace Maryland

MOTHER 14. Maiden name Lillia P. Dennis

15. Birthplace Newhope Md

16. Informant George R Collins

Address Pittsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1940 (month) (day) (year)

Cemetery or crematory Dennis

Location Near Willards Md

18. Funeral director Wm. Howard Wells.

Address Pittsville Md.

19. 6/17/40 (Date rec'd by registrar) H.O. Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 7:55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1940 to June 16 1940,
and that I last saw deceased alive on June 14 1940.

Immediate cause of death	DURATION
Crushed chest with fractured ribs and sternum	1 hr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 operations None

20 autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of June 16 1940

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury Auto mobile accident. Injured at work? No

23. SIGNATURE J. Lafayette Cooper M.D. Deputy Med Examiner
M. D. or other

Address 112 W Main St Salisbury Date signed 6-17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-C)

06875

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P. G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Mardela Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. #3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charlie Conrad
3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
B (b) Name of husband or wife Ella Bradley Conrad
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) No Record

8. AGE: Years 51 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Scranton Pa.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Tennant Farmer
FATHER 12. Name No Record
13. Birthplace
MOTHER 14. Maiden name No Record
15. Birthplace
16. Informant Mrs. Ella B. Conrad
Address Woodside Delaware
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6-1940 (month) (day) (year)
Cemetery or crematory Branch Hill Cem
Location near Mardela Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 6/6, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5-1940 (6.15 P.M.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner 19__ to certificate 19__
and that I last saw h alive on 19__

	DURATION
Immediate cause of death Septicemia	2 days
Due to Decubitus ulcer	3 weeks
Due to Fractured left femur	May 1, 1940
Other conditions	

(Include pregnancy within 8 months of death)
Major findings:
Of operations No
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of May 1 1940
Where did injury occur? Mardella (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury struck by car Injured at work? No
23. SIGNATURE J. Lakademaker M.D. Deputy Medical Examiner M. D. or other
Address Salisbury Md Date signed June 6, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06876

(170-C)

1. PLACE OF DEATH

County Wicomico — Registration Dist. No. 333

Village or City Salisbury Md. No. P. H. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Coulbourne — If U. S. Veteran, specify WAR ...

(a) Residence: No. Seaford Delaware R.F.D. Ward (Usual place of abode)

Social Security Number 070 3 - 21 60

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie Coulbourne — 60 yrs.

6. DATE OF BIRTH (month, day, and year): July 15, 1888

7. AGE: Years 51 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: General Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: W. P. A.

10. Date deceased last worked at this occupation (month and year): May 26, 1940

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Wicomico County Maryland

FATHER

13. NAME: Handie Coulbourne

14. BIRTHPLACE (city or town) (State or country): Wicomico County Maryland

MOTHER

15. MAIDEN NAME: No data available

16. BIRTHPLACE (city or town) (State or country): ...

17. INFORMANT (Address): Mrs. Lottie Coulbourne (Wife 60 yrs. old) Seaford, Delaware, R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel, Delaware Date June 18, 1940

19. UNDERTAKER (Address): J. J. Frampton and Son Fruitland, Maryland

20. FILED 6/16, 1940 Harriet C. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ..., 19...; death is said to have occurred on the date stated above, at 3:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fractured skull	6-9-40
Lacerated brain	6-9-40

Other Contributory Causes of importance:

Name of operation: Craniotomy — Date of 6-9-40

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident — Date of Injury 6-9, 1940

Where did Injury occur? Bethel, Delaware (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public highway

Manner of injury: automobile accident

Nature of injury: Fractured skull - Lac. Brain

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. A. Redemacher Deputy Medical Examiner, M. D.

(Address) Wicomico County

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Salisbury, Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 6 1940
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06877

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-d)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City White Haven No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Dashiell If U. S. Veteran, specify WAR

(a) Residence: No. White Haven St., Ward. no social security no

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Dashiell

6. DATE OF BIRTH (month, day, and year) about 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1940

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) White Haven (State or country) Md

FATHER

13. NAME David Dashiell

14. BIRTHPLACE (city or town) White Haven (State or country) Md

MOTHER

15. MAIDEN NAME Jane Brown

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Mary E. Dashield (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Clara Md Date June 17, 1940

19. UNDERTAKER Mrs C E Messick & Sons (Address) Bivalve Md

20. FILED June 14, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) – 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1940, to June 13, 1940

I last saw him alive on June 9, 1940; death is said to have occurred on the date stated above, at 7 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Arteriosclerotic Cardio-vascular disease	
Vascular myocarditis	

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward F. Cotter M. D.

(Address) Nanticoke, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06878

(94a)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Tyaskin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Jones Dashiell If U. S. Veteran, specify WAR

(a) Residence: No. Tyaskin St., Ward. no Social Security no.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Dashiell

6. DATE OF BIRTH (month, day, and year) June 14 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Tyaskin Md

FATHER

13. NAME Benjamin Dashiell

14. BIRTHPLACE (city or town) (State or country) Tyaskin Md

MOTHER

15. MAIDEN NAME Lambertine Walter

16. BIRTHPLACE (city or town) (State or country) Tyaskin Md

17. INFORMANT (Address) Mrs. Lillie Tyaskin, Farmer

18. BURIAL, CREMATION, OR REMOVAL

Place Tyaskin Md Date 6-9, 1940

19. UNDERTAKER (Address) Mrs. A. L. Messick & Sons Bivalve Md.

20. FILED June 8, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1940, to June 6, 1940

I last saw him alive on June 5, 1940; death is said to have occurred on the date stated above, at 7 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1939

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Wanner M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06879

1. PLACE OF DEATH

County Wicomico (64)

Village or City Powellville No. ____ St., ____ Ward

Registration Dist. No. 332

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 2 mos. 25 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Agnes M. Dennis

(a) Residence: No. Pittsville Md St., ____ Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) ~~March~~ ~~April~~ 19th 1940

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Powellville Md

FATHER

13. NAME Homer Dennis

14. BIRTHPLACE (city or town) (State or country) Powellville, Md

MOTHER

15. MAIDEN NAME Eliza Truitt

16. BIRTHPLACE (city or town) (State or country) Powellville Md

17. INFORMANT (Address) Homer Dennis Powellville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Powellville Date 6/15, 1940

19. UNDERTAKER (Address) J. W. Burbage Berlin Md.

20. FILED June 15, 1940 Lillian R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 14th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1940, to 6/14, 1940

I last saw her ~~alive~~ on 6/14, 1940; death is said to have occurred on the date stated above, at 6:00 a.m. (?)

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Status Thymo-Lymphaticus	sudden,

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Chas. T. Fisher M. D.

(Address) Deputy Medical Examiner Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Ro...

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted]LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should [redacted] carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06880

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury R.F.D. #1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): All life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Near Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Sara Elizabeth Duncan

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	a a	Single

B (b) Name of husband or wife: none

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): 7 - 21 - 1919

8. AGE:

Years	Months	Days	If less than one day
20	10	15	hrs. min.

9. Birthplace: near Salisbury, Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation: School girl

11. Industry or business:

FATHER
12. Name: William H. Duncan
13. Birthplace: Snow Hill Maryland

MOTHER
14. Maiden name: Hattie E. Milas
15. Birthplace: White Haven Maryland

16. Informant: Mrs Hattie E. Duncan
Address: Salisbury, Md. R.F.D #1.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 - 9 - 40 (month) (day) (year)
Cemetery or crematory: Bounstow Cemetery
Location: Salisbury Maryland

18. Funeral director: James F. Stewart
Address: 402 E. Church St. Salisbury Md.

19. 6/9/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---,
and that I last saw h--- alive on ---- 19---.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Hiram R Mann M. D. or other
Address: Salisbury Md Date signed 6/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 8 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

06881

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Johnson's Lake
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 117 Liberty
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lawrence E. Esham

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
B (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 29-1926
8. AGE: Years 14 Months 4 Days 6 If less than one day hrs. min.
9. Birthplace Wico. Co. near Salisbury Md (Town, county, and state)
10. Usual occupation School Boy
11. Industry or business Wico. High School
FATHER 12. Name John W. Esham
13. Birthplace Selbyville Del.
MOTHER 14. Maiden name Minnie F. Shockley
15. Birthplace Wango Md
18. Informant Mr. John W. Esham
Address 117 Liberty st. Salisbury Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof June 7-40 (month) (day) (year)
Cemetery or crematory Wico. Mem. Park
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 6/7 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th-40 (2 P.M.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner 19 19 and that I last saw him alive on certificate 19
Immediate cause of death accidental drowning
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy no

DURATION: Instant death

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of June 5, 1940
Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Johnson's Pond
Means of injury sized with cramps or heart attack while swimming Injured at work? No
23. SIGNATURE L. A. Rademacher M.D. Deputy Medical Examiner M. D. or other
Address Salisbury, Md Date signed 6-6-40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06882

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore Tuberculosis San.

Stay in hospital or inst. (yrs., or mos., or days): 20 Days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Snow Hill. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James L. Givens

3. (b) Social Security Number: 220-01-4352

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mary Givens

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): 4/12/82

8. AGE:

Years	Months	Days	If less than one day
58	1	24	hrs. min.

9. Birthplace: Pittsville, Wicomico Co. Md. (Town, county, and state)

10. Usual occupation: Stationary Fireman.

11. Industry or business: Canning factory

FATHER 12. Name: Lambert T. Givens

13. Birthplace: Md.

MOTHER 14. Maiden name: Kate Brumbley

15. Birthplace: Whitesville Del.

16. Informant: Mrs Mary Givens.

Address: Snow Hill.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9/40 (month) (day) (year)

Cemetery or crematory: M. E. Cemetery

Location: Snow Hill Md

18. Funeral director: Hearne & Dennis

Address: Snow Hill Md

19. 6/8, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940, to June 6 1940, and that I last saw h alive on Dead on arrival.

Immediate cause of death	DURATION
Pulmonary Tuberculosis.	10 mo.
Due to	
Due to	
Other conditions: Diabetes Mellitus	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: S. H. Handle M.D. (M. D. or other)

Address: Salisbury Date signed: 6/6/40

RECEIVED
JUL 6 1940
BUREAU V. S.

06883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. H 336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Wicomico

City or town Delmar, Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Chestnut (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME George Virgil Houston Gordy

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Nancy J. Gordy

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb 17 1864

8. AGE: Years 76 Months 4 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired Bridge Master

11. Industry or business Penna R. R.

FATHER 12. Name John T. Gordy

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Parsons

15. Birthplace Maryland

16. Informant G. W. Gordy

Address Delmar, Del.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 6/25/40 (month) (day) (year)

Cemetery or crematory M. P. Cemetery

Location Delmar, Del.

18. Funeral director Will S. Marvel

Address Delmar, Delaware

19. June 24 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22/1940, at 11 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to June 22 1940, and that I last saw him alive on June 21 1940.

Immediate cause of death Coronary Thrombosis — DURATION 13 min

Due to Acute angina pectoris attack — [illegible]

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Delmar Md Date signed Jun 24.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Coronary Thrombosis

Acute Angina Pectoris

STATE OF MARYLAND—CERTIFICATE OF DEATH

06884

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Tyaskin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Handy

(a) Residence: No. Tyaskin St., Ward. no Social Security no

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Tamer Handy

6. DATE OF BIRTH (month, day, and year): Feb 8, 1875

7. AGE: Years 66 Months 4 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Tyaskin Md

FATHER

13. NAME: Carr Handy

14. BIRTHPLACE (city or town) (State or country): Tyaskin Md

MOTHER

15. MAIDEN NAME: Mary Jones

16. BIRTHPLACE (city or town) (State or country): Tyaskin

17. INFORMANT (Address): Tamer Handy Tyaskin, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Tyaskin Md Date 6-16, 1940

19. UNDERTAKER (Address): Mrs. C. E. Messick & Sons Bivalve Md

20. FILED June 15, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1940, to June 13, 1940

I last saw him alive on June 10, 1940; death is said to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-2-40
Hypertension	

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward F. Cotter M. D.

(Address) Nanticoke, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

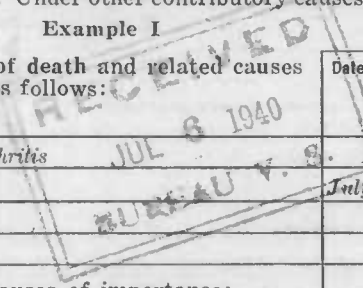
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	**Date of onset**	**The principal cause of death and related causes of importance were as follows:**	**Date of onset**
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06885

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131-2)

1. PLACE OF DEATH

County: Wicomico Registration Dist. No. 333

Village or City: Salisbury Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 15 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Columbus M. Heath If U. S. Veteran, specify WAR

(a) Residence: No. Mardela Md. Wic. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lessie Heath

6. DATE OF BIRTH (month, day, and year): Dec. 6, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
53	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: State Hospital

10. Date deceased last worked at this occupation (month and year): May '40

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jesterville Md.

FATHER

13. NAME: Henry P. Heath

14. BIRTHPLACE (city or town) (State or country): Jesterville Md.

MOTHER

15. MAIDEN NAME: Olivia Horsman

16. BIRTHPLACE (city or town) (State or country): Jesterville Md.

17. INFORMANT (Address): Mrs Lessie Heath Mardela, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Burial Jesterville Md. Date: 6/9/'40, 19

19. UNDERTAKER (Address): Mrs. C. G. Messick & Sons Hebron, Md.

20. FILED 6/9, 1940 Harriet E. Johnson Social Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 7, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1940, to June 7, 1940

I last saw him alive on June 6, 1940; death is said to have occurred on the date stated above, at 1:44 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Hypertension

Acute exacerbation of Chronic Nephritis

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ___

(Signed) D Allen Fields M. D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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JUL 6 1940

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

06886

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.S. Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. E. Chestnut

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Warren C. Hurlock

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1878

8. AGE: Years 61 Months 9 Days 19 If less than one day hrs. min.

9. Birthplace Chestertown Md.
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Musical instruments

FATHER
12. Name Charles H. Hurlock
13. Birthplace Chestertown Md.

MOTHER
14. Maiden name Sarah Adell Jones
15. Birthplace Petersboro. N.H.

16. Informant Harry D. Hurlock

Address 607 S. Division St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which) Date thereof June 27 1940 (month) (day) (year)

Cemetery or crematory Hurlock Cem.

Location Near Chestertown Md.

18. Funeral director Ralph H. Usilton Inc

Address by J. Willis Wells Chestertown, Md.

19. 6/25 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940, at 3.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1940, to June 25 1940, and that I last saw him alive on June 24 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wimmer M.D. M. D. or other

Address Salisbury Date signed June 25

WITHIN CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06887

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Anison Rd near Rock-a-walkin

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: At home

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Near Rock-a-walkin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Anisons Rd near Rock-a-walkin

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Lula Johnson

3. (b) Social Security Number: 231-05-93-20

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	a.a	married

6 (b) Name of husband or wife: Joseph Johnson

6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): 8-18-'92

8. AGE:

Years	Months	Days	If less than one day
47	9	16	____ hrs. ____ min.

9. Birthplace: Verona, North Carolina (Town, county, and state)

10. Usual occupation: House Work - Factory

11. Industry or business: Canning Factory

FATHER

12. Name: Major Bryant

13. Birthplace: Topsail Sound, N.C.

MOTHER

14. Maiden name: Julia Lawrence

15. Birthplace: Verona, N.C.

16. Informant: Beatrice Wiggins

Address: Anison Rd. near Rock-a-walkin

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6-7-'40 (month) (day) (year)

Cemetery or crematory: ~~Hasten~~ Public Cem.

Location: Salisbury Md.

18. Funeral director: James F. Stewart

Address: 402 E. Church St. Salisbury Md.

19. 6/5 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on ____ 19__.

	DURATION
Immediate cause of death: Cerebral hemorrhage	6 hrs
Due to: Syphilis	unknown
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: J. A. Anderson M.D. Deputy Medical Examiner Wicomico Co. M. D. or other

Address: Salisbury Md. Date signed: 6/4/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

Dr. Fisher 06888

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.B. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 213 Third St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bertha E. Jones

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Widow

B (b) Name of husband or wife: Freeman Jones deceased

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Mar. 2, 1887

8. AGE: Years 52 | Months 3 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace: White Haven Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Z. W. Wainright

13. Birthplace: White Haven Md.

MOTHER

14. Maiden name: ? Brown

15. Birthplace

16. Informant: Virginia Jones

Address: 213 Third St., Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/16/'40 (month) (day) (year)

Cemetery or crematory: White Haven Col. Cem.

Location: White Haven, Md.

18. Funeral director: Mrs. C. G. Messick Hon's

Address: Hebron Md.

19. 6/19 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1940, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to 6/13 1940, and that I last saw her alive on 6/13 1940.

Immediate cause of death: myocarditis

Due to: Cardio renal vascular disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 13 mos; several years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. T. Fisher M. D. or other

Address Salisbury, Md. Date signed 6/13/'40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Warner 06889

(136)

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md. R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Julia Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife Henry Jones

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE:

Years	Months	Days	If less than one day
60	—		hrs. min.

9. Birthplace Damesquarter Md. (Town, county, and state)

10. Usual occupation housework

11. Industry or business

FATHER 12. Name Peter White

13. Birthplace Damesquarter Md.

MOTHER 14. Maiden name Rose Allen

15. Birthplace Damesquarter Md.

16. Informant Mary Curtis

Address Damesquarter, Md.

17. Buried Date thereof 6/16/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Damesquarter Cem.

Location Damesquarter, Md.

18. Funeral director Wm. S. Messick & Sons

Address Eden Md.

19. 6/14 1940 Harriet E. Johnson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/40 19 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/4/39 19 to 6/12 19 40.

and that I last saw h alive on January 19 40

Immediate cause of death	DURATION
Pulmonary T.B.	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Warner M.D.

M. D. or other

Address Salisbury Date signed June 14

RECEIVED
JUL 6 1940
BUREAU V. S.

06890

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-d)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Bivalve No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Larmore If U. S. Veteran, specify WAR

(a) Residence: No. Bivalve Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Larmore

6. DATE OF BIRTH (month, day, and year) July 5 1879

7. AGE Years 60 Months Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Bivalve Md

FATHER

13. NAME Isaac Larmore

14. BIRTHPLACE (city or town) (State or country) Bivalve Md

MOTHER

15. MAIDEN NAME Caroline Insley

16. BIRTHPLACE (city or town) (State or country) Bivalve Md

17. INFORMANT (Address) Mrs Pearl Larmore Bivalve Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bivalve Md Date June 18, 1940

19. UNDERTAKER (Address) Mrs C E Messick & Sons Bivalve Md

20. FILED June 14, 1940 R Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to June 15, 1940

I last saw him alive on June 13, 1940; death is said to have occurred on the date stated above, at 10-30A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1939

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-a)

06891

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 803 N. Division
Stay in hospital or insl. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 803 N. Division
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella Virginia Long

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Howard Long
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 9, 1860

8. AGE: Years: 79 | Months: 7 | Days: 20 | If less than one day: hrs. min.

9. Birthplace: Blackfish, Sussex, Del.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: James M. Purnell
13. Birthplace: Sussex Co. Del.

MOTHER
14. Maiden name: Katherine Rawlins
15. Birthplace: Sussex Co. Del.

16. Informant: Mrs. J. A. Neild
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/2/40 (month) (day) (year)
Cemetery or crematory: Presbyterian
Location: Lewis, Del.

18. Funeral director: T. E. Hill & Johnson Co.,
Address: Salisbury, Md.

19. 7/2/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29, 1940, at 3.40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24 June 1940, to 29 June 1940, and that I last saw h alive on 28 June 1940

Immediate cause of death: Cerebral hemorrhage — DURATION: 5 days
Due to: Arteriosclerosis — several years
Due to:
Other conditions: Arthritis (Chronic, Hypertrophic) — several years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: A. W. Kerr, M.D.
M.D. or other
Address: Salisbury, Md. Date signed 6/30/40

RECEIVED
JUL 6 1940
BUREAU V. S.

06892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS (M) (S)

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 315 Second St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Infant

2. USUAL RESIDENCE (HOME) OF DECEASED: Still born
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Second St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Premature infant of Loraine Mathews

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 17 1940
8. AGE: Years: Premature; Months: 6½ Mos; Days: Stillborn; If less than one day hrs. min.
9. Birthplace Salisbury - Wicomico Co. - Maryland (Town, county, and state)
10. Usual occupation Premature infant
11. Industry or business
FATHER 12. Name Willie Schofield
13. Birthplace Maryland
MOTHER 14. Maiden name Loraine Mathews
15. Birthplace Virginia
16. Informant Loraine Mathews
Address 315 Second St. Salisbury, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17 1940 (month) (day) (year)
Cemetery or crematory Quantico - Wicomico Co. Md.
Location
18. Funeral director (acting) By father (Willie Schofield
Address 315 Second St. Salisbury, Md.
19. 7/1, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 3 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death: Premature at 6½ Mos.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. D. Browne M. D. M. D. or other
Address 115 Willow St Salisbury Md Date signed 6/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06893

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (3)

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital, Salisbury Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthews If U. S. Veteran, specify WAR

(a) Residence: No. Pocomoke Md. WR St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-10-40

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Still born.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wicomico Co.
(State or country)

FATHER

13. NAME Francis Matthews

14. BIRTHPLACE (city or town) Worcester Co.
(State or country)

MOTHER

15. MAIDEN NAME Eleanor Hall

16. BIRTHPLACE (city or town) Norfolk, Va.
(State or country)

17. INFORMANT Francis Matthews
(Address) Pocomoke Md

18. BURIAL, CREMATION, OR REMOVAL P. G. Hospital
Place Salisbury, Md. Date 1940

19. UNDERTAKER (acting) Supt. P. G. Hospital
(Address) Salisbury, Md.

20. FILED 6/16, 1940 Gabriel E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) – 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 9.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature delivery	
Other Contributory Causes of importance: Placenta Previa.	

Name of operation Date of

Whet test confirmed diagnosis? Was there an au'opsy?

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way releted to occupation of dacaased? No

If so, specify

(Signed) J. A. Rademacher M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JUL 8 1940
U. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06894

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Fruitland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 62 years

Hospital, Institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Fruitland
(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Lavinia V. Moore

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: William S. Moore, Sr.

6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.): March 12, 1878.

8. AGE: Years 62 | Months 3 | Days 1 | If less than one day ..... hrs. ..... min.

9. Birthplace: Fruitland, Wicomico, Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name: John T. Cowart
13. Birthplace: Wicomico Co. Md.

MOTHER
14. Maiden name: Jennie Carey
15. Birthplace: Wicomico Co., Md.

16. Informant: W. S. Moore, Sr.
Address: Fruitland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/15/40 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Fruitland, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 6/15 1940 Harriet E. Johnson Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1939, to June 13 1940 and that I last saw her alive on June 12 1940

Immediate cause of death: Sclerotic Heart. — DURATION: 6 mos

Due to: Arthritis Deformans — 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: H. O. Barsy M. D. or other

Address: Salisbury, Md. Date signed 6/14/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56-C)

Dr. Nock

06895

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. E. Hospital

Stay in hospital or inst. (yrs., or mos. or days) 15 days

Stay in this community (yrs., or mos., or days) all

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Worcester

City or town Ocean City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Estella Morgan

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife James Morgan

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1902

8. AGE: Years	Months	Days	If less than one day
37	8	2	hrs. min.

9. Birthplace Ocean City, Worcester, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden name Hennie Bowen

15. Birthplace Ocean City Md.

16. Informant James Morgan

Address Ocean City, Md.

17. Burial Date thereof 6/11/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Salisbury Colored Cem.

Location Salisbury, Md.

18. Funeral director Wm. P. Messick Home

Address Nelson Md.

19. 6/11 19 40 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1940, to June 8 1940, and that I last saw her alive on June 8 1940.

Immediate cause of death	DURATION
Infected uterus Fibroid.	Early
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Hysterectomy sans.

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Ku. Nock M. D. or other

Address Salisbury Date signed 6/8/40

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BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-L)

CERTIFICATE OF DEATH

06896

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

(M)

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P. B. Hoyt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 203 Oak Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William K. Morgan
3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E. Morgan
6(c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Jan. 20. 1879
8. AGE: Years 61 Months 4 Days 16 If less than one day hrs. min.
9. Birthplace: Crisfield Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Robert Morgan
13. Birthplace: Crisfield Md.
MOTHER 14. Maiden name: Emma
15. Birthplace: Crisfield Md.
16. Informant: Mrs. Mary E. Morgan
Address: 203. Oak St. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 8-40 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md.
18. Funeral director: Wallace & Co. Walter R. Wallace
Address: Salisbury Md.
19. 6/8, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6-1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1940 to June 6 1940
and that I last saw h in alive on June 6 1940.

	DURATION
Immediate cause of death: Intestinal Obstruction	3 days
Due to: Adhesions from previous operation	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Nature of injury Injured at work?

23. SIGNATURE Hiram R Mann M. D. or other
Address Salisbury Md Date signed 6/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-B)

CERTIFICATE OF DEATH

06897

Reg. Dist. No. 333

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 4 days

Stay in this community (yrs., or mos., or days): "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Water St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Leonard Murson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	widower

6 (b) Name of husband or wife: unknown

(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 30, 1893

8. AGE:

Years	Months	Days	If less than one day
46	5	13	____ hrs. ____ min.

9. Birthplace: Delaware City Delaware
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER

12. Name: Richard Murson

13. Birthplace: Balto. Co., Maryland

MOTHER

14. Maiden name: Laura Powell

15. Birthplace: North East, Maryland

16. Informant: deceased on admission

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16, 1940 (month) (day) (year)

Cemetery or crematory: Elkton

Location: Elkton, Md.

18. Funeral director: W. W. Pepper & Son

Address: Elkton Md.

19. 6/14, 1940 Harriet E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13 1940 at 10.30 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 9 1940 to June 13 1940, and that I last saw h-- alive on June 13 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	5 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: Paul Gass M. D. or other

Address: Salisbury Date signed: 6/13/40

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JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06898

1. PLACE OF DEATH

County Nicomico Registration Dist. No. 333

Village or City Salisbury No. Peninsula Gen. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nicholson If U. S. Veteran, specify WAR

(a) Residence: No. ..... St., ... Ward. Snow Hill, Wor. Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6, 1940

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury (State or country) Maryland

FATHER

13. NAME Marvel Nicholson

14. BIRTHPLACE (city or town) Newark (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Frances Hammond

16. BIRTHPLACE (city or town) Snow Hill (State or country) Maryland

17. INFORMANT Mrs. Helen Nicholson (Address) Snow Hill, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Peninsula Gen. Hospital Date June 6, 1940

19. UNDERTAKER Acting Supt. P. G. Hospital (Address) Salisbury, Md.

20. FILED 6/6, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) – 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. M. Nich M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 6 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

06899

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury P. G. Hospital

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Frances Nicholson

3. (b) Social Security Number 212-16-1493

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Marvel A. Nicholson

6(c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Dec. 27-1915

8. AGE: Years 24 | Months 5 | Days 15 | If less than one day ____ hrs. ____ min.

8. Birthplace Snow Hill Worcester Md (Town, county, and state)

10. Usual occupation Making Ft. Baskets

11. Industry or business Basket Factory

FATHER 12. Name John W. Hammond

13. Birthplace Maryland

MOTHER 14. Maiden name Jennie Heath

15. Birthplace Maryland

16. Informant Mrs Stamie Tank

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15 1940 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Snow Hill Md

16. Funeral director Hearne + Dennis

Address Snow Hill Md

19. 6/13/1940 Harriet E. Johnson (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940 at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1940 to June 12 1940, and that I last saw h-- alive on June 12 1940.

Immediate cause of death	DURATION
a Acute Nephritis,	Unk
Due to Uremia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. M. Hearne M. D. or other

Address Salisbury Date signed 6/13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

06990

Reg. Dist. No. 331

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Nelson Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Nelson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Betty Mock

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col'd	widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
about 84			hrs. min.

9. Birthplace Exmore Va. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER

12. Name unknown

13. Birthplace

MOTHER

14. Maiden name unknown

15. Birthplace

16. Informant Charles Palmer

Address Nelson Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/22/40 (month) (day) (year)

Cemetery or crematory Marble Springs, Md

Location "

18. Funeral director Mrs. C. B. Messick & Sons

Address Nelson, Md.

19. 6/22/1940 (Date rec'd by registrar) Mrs J M Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19/40 19 , at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Cerebral embolism	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William E. Merrick M. D. or other

Address Nelson - Md Date signed 6/21/40

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

06861

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Allen md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Wicomico
City or town Allen md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Spanish & American War

3. (a) FULL NAME Thomas Elzy Polk
3. (b) Social Security Number no

4. Sex male
5. Color or race a.a.
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Mrs Addie Polk
Hattie
6(c) If alive, give age about 60 years
7. Birth date of deceased (mo., day, yr.) June 11 1860
8. AGE: Years 80 Months 0 Days 13 If less than one day [illegible] hrs. [illegible] min.
9. Birthplace Allen md (Town, county, and state)
10. Usual occupation Farmer, Spanish & American War veteran
11. Industry or business no
FATHER
12. Name Morse Polk
13. Birthplace Allen md
MOTHER
14. Maiden name Rebecca Black
15. Birthplace C Fruitland md
16. Informant Ulysses Polk
Address Allen md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26 1940 (month) (day) (year)
Cemetery or crematory Friendship
Location Allen, md
18. Funeral director James F Stewart
Address Salisbury md
19. 6/26 1940 Harriet E. Johnson Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 1 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 1940, to June 24 1940, and that I last saw h[illegible] alive on Feb 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: 1 day
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Roanner M.D. M. D. or other
Address Salisbury Date signed June 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 8 1940
BUREAU V. S.

LETTER August 23 1940 under J.F.STEWART, perm.file, changing wife's name.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

06901

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: East Main street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. East William Est
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard L. Parsons

3. (b) Social Security Number 222-09-5337

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Margaret G. Parsons
6(c) If alive, give age 32 years
7. Birth date of deceased (mo., day, yr.) March 5-1913

8. AGE: Years 27 Months 3 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Delmar Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Rubie W. Parsons
13. Birthplace Delmar ~~Del.~~ Md.
MOTHER
14. Maiden name Cora Mae Smith
15. Birthplace Delmar Md.
18. Informant Mrs Margaret G. Parsons
Address East William st. Est Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18-40 (month) (day) (year)
Cemetery or crematory M. P. Cem.
Location Delmar Delaware
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 6/18/40 Harriet E. Johnson Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16-1940, at 4 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__ ___ 19__, and that I last saw h[illegible] alive on ___ 19__.
Medical Examiner certificate

Immediate cause of death Fractured skull crushed brain.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

DURATION Instant death

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of 6-16-40
Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury auto accident Injured at work? No

23. SIGNATURE J. Rademacher M.D. Deputy Medical Examiner M. D. or other
Address Salisbury, Md Date signed 6-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06992

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico Co
City or town Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Eastern Shore TB Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 26 days
Stay in this community (yrs., or mos., or days) "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Caroline Co
State Maryland County Wicomico
City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cleveland Satterfield

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	divorced

8 (b) Name of husband or wife unknown
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE:

Years	Months	Days	If less than one day
49			hrs. min.

9. Birthplace Denton Caroline Co, Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Thomas Satterfield
13. Birthplace Caroline Co, Maryland
MOTHER 14. Maiden name Emma Murphy
15. Birthplace Caroline Co, Maryland
16. Informant deceased on admission
Address
17. Burial Date thereof 6/20/40 (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory Burrsville, Md.
Location Burrsville, Md.
18. Funeral director Virgil Moore & Son
Address Denton, Md.
19. 6/18/40 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 2.20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/22/40 19 to 6/18/40 19, and that I last saw h- alive on 6/17/40 19

Immediate cause of death	Pulmonary Tuberculosis	DURATION Oct 1939
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paul Chew M.D.
M. D. or other
Address Salisbury Date signed 6/18/40

RECEIVED
JUL 8 1940
HONOLULU V. S.

06903

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-D)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William Oscar Shockley

3. (b) Social Security Number 212-10-7645

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cornelia Davis Shockley

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 19 1880

8. AGE: Years 60 Months 2 Days 29 If less than one day ___ hrs. ___ min.

9. Birthplace Berlin Worcester Md
(Town, county, and state)

10. Usual occupation Manager Tri State Oil Co.

11. Industry or business

FATHER
12. Name John A. Shockley
13. Birthplace Maryland

MOTHER
14. Maiden name Ellen Gordy
15. Birthplace Maryland

16. Informant Mrs Ethel D. Slading
Address Pocomoke City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20 40 (month) (day) (year)

Cemetery or crematory Bates Memorial

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 6/19 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 8 15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1940, to June 18 1940, and that I last saw h 1 hr alive on June 18 1940.

Immediate cause of death Ruptured right kidney multiple fractures of pelvis

~~Due to~~ Lacerated left kidney

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured right kidney

Of autopsy not done

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of June 17, 1940

Where did injury occur? Snow Hill (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?) Fertilizer factory

Means of injury Explosion of an empty gasoline tank Injured at work? Yes

23. SIGNATURE L. A. Rademaker M.D. Deputy Medical Examiner Wicomico M. D. or other S.

Address Salisbury, Md Date signed 6-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 27 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

06904

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Sharptown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alma W. Stanley

3. (b) Social Security Number:

4. Sex: F
5. Color or race: White
6. (a) Single, married, widowed, or divorced: —
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): March 28 - 1939
8. AGE: Years: 1 | Months: 2 | Days: 17 | If less than one day: hrs. min.
9. Birthplace: Md (Town, county, and state)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: William O. Stanley
13. Birthplace: Md
MOTHER 14. Maiden name: Ruby L. Johnson
15. Birthplace: Del
16. Informant: Ruby L. Johnson
Address: Sharptown
17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) June 16 - 1940
Cemetery or crematory: Mt Nebo
Location: Graves of Boss
18. Funeral director: Graves of Boss
Address: Sharptown
19. (Date rec'd by registrar) June 16 1940 Mary P. Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1940, at 7 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1940 to June 14 1940 and that I last saw h[illegible] alive on June 14 1940
Immediate cause of death: Congenital Heart Lesions
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. E. Kuhlman M. D. or other
Address: Sharptown Date signed 7/6/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

Dr. Sembly 6905

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 805 Delaware St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 805 Delaware St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Martha Sturgis

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: 78 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Madela Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER 12. Name: James Bowie

FATHER 13. Birthplace: Madela, Md.

MOTHER 14. Maiden name: Mary Hall

MOTHER 15. Birthplace: Madela, Md.

16. Informant: Emma Pettis

Address: 107 West St. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/20/40 (month) (day) (year)

Cemetery or crematory: Salisbury Colored Cem.

Location: Salisbury Md.

18. Funeral director: Mrs. C. P. Mezick & Sons

Address: Hebron, Md.

19. 6/19, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16, 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9, 1940, to June 16, 1940 and that I last saw her alive on June 14, 1940.

	DURATION
Immediate cause of death: Acute Gastro-enteritis	3 wks.
Due to: Chr. Myocarditis	2 yrs.
Due to: Hypertension	6 yrs.
Other conditions: Chr. Nephritis	2 yrs (?)

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G. K. Sembly Jr. M. D. or other

Address: Salisbury, Md. Date signed 6/19/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06996

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 1

1. PLACE OF DEATH:

County: Worcester

City or town: Salisbury Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore Tb Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 3 yr 3 mo 27 d

Stay in this community (yrs., or mos., or days) 3 yr 3 mo 27 d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Station Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Randall Herman Swift

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	single

6 (b) Name of husband or wife: none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 25 1913

8. AGE:

Years	Months	Days	If less than one day
26	10	11	____ hrs. ____ min.

9. Birthplace: Marion Station Maryland
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Herman Swift
13. Birthplace: Maryland

MOTHER
14. Maiden name: Georgie Riggin
15. Birthplace: Maryland

16. Informant: deceased on admission
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/19/40 (month) (day) (year)

Cemetery or crematory: Rehoboth Mem.,

Location: Rehoboth, Md.

18. Funeral director: John A. Bradshaw

Address: Crisfield, Maryland.

19. 6/8/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at 5:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/9/37 19____, to 6/6/40 19____, and that I last saw him alive on 6/6/40 19____.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 9 yr

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Paul Owen M.D.
M. D. or other

Address: Salisbury Date signed 6/7/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-B)

06907

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 409 Boland Alley
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Alfred Thomas

3. (b) Social Security Number no

4. Sex: male

5. Color or race: a.a.

6. (a) Single, married, widowed, or divorced: married

8 (b) Name of husband or wife Celeste Thomas

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) about 1879

8. AGE: Years 61 about | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Salisbury Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER
12. Name Henry Thomas
13. Birthplace Salisbury Md

MOTHER
14. Maiden name Lidia Johnson
15. Birthplace Salisbury Md

16. Informant Mrs Celeste Thomas
Address Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24 1940 (month) (day) (year)

Cemetery or crematory Huston

Location Salisbury Md

18. Funeral director James H. Stewart
Address Salisbury Md

19. 6/24 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-21-40 19__ to 6-21-40 19__, and that I last saw h in alive on 6-21-40 19__.

Immediate cause of death apoplexy.

Due to Chronic Nephritis

Due to Hypertension.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D Allen Fields M. D. or other

Address Nanticoke Md Date signed 6-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06908

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 415 Camden Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Tingle (5 Mo. Premature)

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Newborn Premature

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1940

8. AGE: Years Months Days Stillborn If less than one day hrs. min.

9. Birthplace Salisbury Md - Wicomico (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Elmer Bert Tingle

13. Birthplace Gumboro, Del.

MOTHER 14. Maiden name Mildred Phillips

15. Birthplace Millsboro, Del.

16. Informant

Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 6/24/40 (month) (day) (year)

Cemetery or crematory P. G. Hospital

Location Salisbury, Md.

18. Funeral director Supt. P. G. Hospital (acting)

Address Salisbury, Md.

19. 6/24, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Stillborn 6-18 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 ,

Immediate cause of death Premature

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip A. [illegible] M. D. or other

Address Salisbury Md Date signed 6-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

06909

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 208 E. Isabella
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 33 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 208 E. Isabella
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Milbourne Toulson | 3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Maude R. Toulson
6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec. 10 - 1878

8. AGE: Years	Months	Days	If less than one day
61	6	9	hrs. min.

9. Birthplace Chestertown Md.
(Town, county, and state)
10. Usual occupation retired 20 years
11. Industry or business Shamit
12. FATHER Name Milbourne A. Toulson
13. Birthplace Chestertown Md.
14. MOTHER Maiden name Sarah L. Bordley
15. Birthplace Chestertown Md.
16. Informant Mrs. Maude R. Toulson
Address 208 E. Isabella St. Salisbury Md
17. Burial Date thereof June 21 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 6/21/40 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1940 (10:45 P.M.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-20 1939, to 6-20 1940, and that I last saw him alive on 6-20 1940.

	DURATION
Immediate cause of death Cerebral hemmorhage	
Due to Cerebral arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Specify
Injured at work?

23. SIGNATURE Philip C. Insley M. D. or other
Address Salisbury Md Date signed 6-20-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

06910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 11 mo 4 d

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Newark Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Granville Townsend

3. (b) Social Security Number: number burned in fire - unknown

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 6 1877

8. AGE: Years: 63 Months: 4 Days: 1 If less than one day ____ hrs. ____ min.

9. Birthplace: Newark Worcester Co Maryland
(Town, county, and state)

10. Usual occupation: Stationary Engineer

11. Industry or business: unknown

FATHER
12. Name: Samuel Townsend
13. Birthplace: Maryland

MOTHER
14. Maiden name: Matilda Mitchell
15. Birthplace: Maryland

16. Informant: deceased on admission

Address: Newark Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 10. 1940 (month) (day) (year)

Cemetery or crematory: Newark

Location: Newark Md

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 6/10, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940, at 2:40 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7/3/39 19__, to 6/7/40 19__, and that I last saw him alive on 6/6/40 19__.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 10 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Paul Chen M. D. or other

Address: Salisbury Date signed: 6/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (56-B)

06911

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico Salisbury,
City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Gen. Gen. Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Princess Anne, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Maryland
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sally Louise Twining
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry Twining
6(c) If alive, give age 53 years
7. Birth date of deceased (mo., day, yr.): January 14, 1894
8. AGE: Years 46 Months 5 Days 3 If less than one day ___ hrs. ___ min.
9. Birthplace: Oriole, Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: William T. Ford
13. Birthplace: Oriole, Maryland
MOTHER 14. Maiden name: Addie Bedsworth
15. Birthplace: Oriole, Maryland
16. Informant: Madge Wix
Address: Princess Anne, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1940 (month) (day) (year)
Cemetery or crematory: Episcopal Cemetery
Location: Princess Anne, Md
18. Funeral director: Dale Washiele
Address: Princess Anne Md
19. 6/18 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1940, at 7 N.P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/9 1940, to 6/17 1940, and that I last saw her alive on 6/17 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: 4 days
Due to: Post-operative
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Fibroid of Uterus
Of autopsy: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Chas. T. Fisher, M.D. (M. D. or other)
Address: Salisbury, Md. Date signed 6/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

06912

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Collins

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Watson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Unknown	Colored	—

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Stillborn	—	—	hrs. min.

9. Birthplace Salisbury (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name —

13. Birthplace —

MOTHER 14. Maiden name Rozella Watson

15. Birthplace Salisbury md

16. Informant Rozella Watson

Address Collins Street

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-26-40 (month) (day) (year)

Cemetery or crematory Private

Location Collins St.

18. Funeral director (acting) Annie Watson

Address Collins St.

19. 6/26, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25-40, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——, 19—, to ——, 19—, and that I last saw h— alive on ——, 19—.

Immediate cause of death	DURATION
Prematurity	4 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harriet E. Johnson Local Registrar or other

Address Salisbury, Md. Date signed 6/26/40

RECEIVED
JUL 6 1940
BUREAU V. S.

06913

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town ~~Fruitland~~ Mt. Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: On way Peninsula G. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Fruitland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME James R Williams

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: a.a.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife no

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Apr 29 29 1940

8. AGE: Years | Months 1 | Days 14 11 | If less than one day ___ hrs. ___ min.

9. Birthplace Fruitland Md (Town, county, and state)

10. Usual occupation no

11. Industry or business no

FATHER
12. Name Lewis Williams
13. Birthplace Somerset Co Md

MOTHER
14. Maiden name Edith Rack
15. Birthplace Fruitland Md

16. Informant Mrs Edith Williams

Address Fruitland Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12 1940 (month) (day) (year)

Cemetery or crematory Mt Calvary

Location Fruitland Md

18. Funeral director James F Stewart

Address Salisbury Md

19. 6/11 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1940, at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__, and that I last saw him on 6/11 1940.

Immediate cause of death: Acute Gastro-Enteritis — DURATION: 36 hrs.

Due to Error in diet.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE Chas T. Fisher MD
Deputy Medical Examiner M. D. or other

Address Salisbury Md Date signed 6/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.